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Summary of mid-term reviews and major evaluations of country programmes

Middle East and North Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTR and evaluations described in the present report were conducted during 2002.

Introduction

1. Of the 15 UNICEF-assisted programmes of cooperation the Middle East and North Africa region, only the Islamic Republic of Iran conducted a mid-term review (MTR) in 2002. This report examines that review, as well as 10 evaluations and studies conducted throughout the region during the year.

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Mid-term review

Islamic Republic of Iran

2. Preparations for the MTR of the 2000-2004 country programme started during the annual review, held in December 2001. A Steering Committee, co-chaired by the Ministry of Foreign Affairs and UNICEF, and technical working groups were established for preliminary discussions and a programmatic review. Extensive consultations were held between government partners and UNICEF programme staff. These preparations culminated in the MTR meeting, which took place on 29 September 2002. Major donors, United Nations agencies and national non-governmental organizations (NGOs) attended, as did a team of senior advisors from the UNICEF Regional Office. In addition, young people who had been working on the Global Movement for Children and attended the United Nations Special Session on Children provided a useful and rather critical perspective during the meeting. In the course of 2003, the United Nations country team finalized the Common Country Assessment and defined the priorities of the United Nations Development Assistance Framework for 2005-2009.

3. **The situation of children and women.** With an estimated population of 71.4 million and a gross national income per capita of $1,750, the Islamic Republic of Iran has the second largest economy in the region. It is also the second largest oil producer of the Organization of the Petroleum Exporting Countries and has the world's second largest reserves of natural gas. The country hosts one of the largest refugee populations in the world, numbering over 2 million. With very limited international support, the Government takes full responsibility for providing essential services to this vulnerable group. The human development trend, which had been positive and rising in the late 1980s and early 1990s, stagnated in the second half of the 1990s. The Islamic Republic of Iran is making a transition from a traditional, rural-based society to a semi-industrialized country and faces many challenges like high unemployment and income disparities.

4. Over 85 per cent of the population have access to health services and 90 per cent of births are attended by trained health personnel. Infant and under-five mortality rates have decreased to 28.6 and 35.6 per 1,000 live births respectively (2000), compared to 122 and 191 in 1970. Immunization coverage is over 90 per cent and polio almost has been eliminated. The maternal mortality ratio is reported at 37 per 100,000 live births. About 93 per cent of households have access to safe drinking water and 73 per cent to sanitary means of excreta disposal. Malnutrition remains relatively high as a result of poverty and inadequate caring practices, especially in rural areas. The country has one of the highest rates of drug usage in the region, which is emerging as a major factor in the transmission of HIV/AIDS. The number of reported cases of HIV/AIDS is 3,680, but the actual number of HIV infections may be at least three times higher.

5. Thanks to massive government investment in public education, developments in education also have been positive. In 2000, 84 per cent of the male and 70 per cent of the female adult populations were literate. The net primary enrolment ratio is above 97 per cent. However, national averages hide disparities in terms of gender and geography. With 15-per-cent enrolment, the rate of pre-school attendance is low. Despite all the investment in women's education and health, the rate of women's employment, which had reached 13.8 per cent just before the 1979 Revolution,

declined to 12 per cent in 1996. In December 2001, the Cabinet approved the submission of a bill to the Parliament on the Islamic Republic of Iran's accession to the Convention on the Elimination of all Forms of Discrimination against Women with a general reservation. The bill has not yet been passed by Parliament.

6. **Achievements and constraints**. The country programme consists of five programmes and 18 projects. The *prevention of malnutrition* programme developed a large number of materials for nutrition education of health staff and resulted in significant institutional strengthening at the provincial level. A micronutrient survey covering vitamins A and D, iron and zinc was one of its important undertakings. UNICEF, in collaboration with the World Health Organization (WHO) and the Micronutrient Initiative, also supported a study of flour fortification. A survey of iodine deficiency disorders (IDD) showed that the prevalence of goitre had been reduced very significantly and the country is close to being certified as free of IDD.

7. The *improving the quality of services* programme has health and education components. Vaccination services and the surveillance system were strengthened and mopping-up activities for polio eradication supported. Assistance was given for the development of indicators for assessing client satisfaction and quality of care at provincial health centres. In collaboration with WHO, global training materials for the *integrated management of childhood illness* were adapted, followed by training of primary health care providers. Various changes in the Ministry of Health and weak coordination between different departments have been key challenges in the implementation of the programme. In education, the *multiple ways of teaching and learning and life-skills education* component has introduced the concept of "child-friendly" classrooms. Teachers' psychosocial skills were strengthened and student participation, both in the classroom and in their communities, was encouraged. The *global education initiative* has piloted the introduction of new teaching methods through a new curriculum and textbooks for Farsi language, mathematics, science and social studies for grades 1-8. Support has focused on intensive training of teachers, administrative officers and evaluators at the provincial level.

8. The *disparity reduction* programme has health and education components. It supported the introduction of decentralized planning and community participation by health authorities in Hormozgan, Kordestan, Kohkilouyeh and Boyerahmad, West Azerbaijan, and Sistan and Baluchestan provinces. Provincial plans of action were prepared based on locally identified priorities including nutrition and growth monitoring, safe motherhood, health education and water and sanitation. UNICEF provided supplies and support to training for implementation of the provincial plans. The greatest challenge has been to find new ways to mobilize additional efforts and resources from communities. In education, UNICEF and the Literacy Movement Organization (LMO) started a partnership to increase the enrolment and retention of rural girls in primary school in five disadvantaged provinces (Hormozgan, Sistan and Baluhestan, West Azerbaijan, Kerman and Ardabil).

9. The *children in need of special protection* programme has been instrumental in the development of a draft juvenile justice law, which is expected to be submitted to Parliament upon approval by the Head of the Judiciary. The draft law provides for diversion schemes and such alternative mechanisms as suspension of prosecution, suspension of sentencing, probation, mediation and out-of-court settlement. Juvenile courts have also been re-established in the country. Studies were carried out on the prevalence of physical child abuse. Several initiatives were taken to increase the

protection of children in residential and foster care, including a help-line that resulted in a significant decrease in cases of maltreatment. A resource centre for residential care was also established in 2001. In partnership with the Ministry of Interior, the programme supported activities for better protection of street children. A study was conducted on knowledge and attitudes of parents of disabled children, on the basis of which orientation workshops will be conducted to improve parents' awareness and skills. (see paragraphs 19-23 below.)

10. In collaboration with the LMO, the programme for *Afghan refugee children* established 2,640 literacy classes in the five provinces hosting the highest number of Afghan refugees. Initially, the project aimed at 50-per-cent enrolment for Afghan children, but actually achieved 68 per cent, with a completion rate of 85 per cent. The introduction of life skills and the child-to-child approach, the use of participatory learning and teaching methods and the commitment of LMO staff at all levels were important factors in this success. Under the health component, 15 health posts were established in three provinces to provide basic health services to about 190,000 people from both Afghan refugee and Iranian host communities.

11. The programme for *promotion and monitoring of the Convention on the Rights of the Child* has actively promoted the Global Movement for Children as a broad-based alliance between the Government, the private sector, academicians, parliamentarians, NGOs, policy makers, media, communities and young people to realize children's rights. The programme also supported the Government in monitoring the implementation of the Convention by strengthening the reporting and analytical capacities of various ministries, including the Ministry of Foreign Affairs. The project periodically supported special surveys to strengthen the subnational database related to children and women.

12. **Assessment of programme strategies: lessons learned**. The overall assessment of progress made at mid-point was complex for two reasons: (a) the formulation of project objectives was generally not very specific and not measurable, and baseline information was mostly absent; and (b) the relatively weak coherence between the various components of the country programme.

13. Capacity-building as a strategy to strengthen government institutions, NGOs and civil society has proven to be effective. Similarly, expansion of the knowledge base was instrumental to making informed policy decisions. Although participatory approaches were promoted to involve communities in solving their own problems, these have been limited essentially to pilot initiatives. Continuous advocacy and capacity-building will be required to move this essential strategy to scale. Gender is another cross-cutting issue that has not been mainstreamed systematically. In monitoring and evaluation, it was realized that the number of studies and evaluations supported by the country programme was probably too large to be fully relevant programmatically. Emergency preparedness was strengthened since the start of the country programme period, which proved effective during the war in Afghanistan in October 2001, when UNICEF and the Government were fully prepared to receive a large influx of Afghan refugees, which eventually turned out to be minor, and were able to assist effectively and promptly with logistical and cross-border operations into Afghanistan. The MTR showed that there is enormous scope for strengthening intersectoral collaboration and integration between programme components.

14. The MTR agreed with the reformulation of all project objectives to make them specific and measurable; and to ensure the lessons learned highlighted in the previous paragraph were incorporated. The structure of the programme was also adjusted in order to: (a) follow more closely the priorities of the UNICEF medium-term strategic plan (MTSP); (b) ensure a more systematic focus on disadvantaged provinces; (c) establish a clear link between national policy development and implementation at the provincial and local levels; and (d) give special attention to the emerging concern of HIV/AIDS.

15. **Country programme management plan**. The 2000-2004 country programme management plan established a unique programme management structure with two clusters responsible for planning and coordination of the country programme. This so-called "flat hierarchy" created confusion about roles and responsibilities and has affected the overall achievement of objectives, particularly in planning, monitoring and evaluation, and external and programme communication. Following the MTR, the office has reverted to a more traditional management structure where the Programme Coordinator has overall responsibility for all programme components. The international character of the UNICEF office has been further strengthened with the establishment of an international Professional position for Operations Officer and two Junior Professional Officer posts for nutrition and monitoring and evaluation, respectively.

Major country programme evaluations

16. In 2002, UNICEF supported over 90 evaluations and studies in the Middle East and North Africa region. These covered all MTSP priorities, with the largest number in the areas of child protection and early childhood development. Six countries conducted studies examining child labour and/or working children, which according to estimates by the International Labour Organization affects 13.5 million children in the region. Several countries supported studies related to child abuse, disability and female genital mutilation (FGM). These studies are a valuable resource for much needed detailed situation analysis for policy and programme development in these emerging areas of UNICEF work in the region.

17. In the area of early childhood development, study themes included surveys of child health and nutrition, the impact of sanitation facilities, the impact of training and capacity-building efforts, diarrhoea related morbidity and mortality and child rearing, as well as an evaluation of IDD programmes and a needs assessment for emergency obstetrics. Immunization-related studies included an evaluation of vaccination coverage and polio baseline surveys. In education, there was an evaluation of an entire education programme, and monitoring of learning achievements, global education implementation and reaching unreached children. In the area of HIV/AIDS, one country conducted situation analyses including behavioural information. There are also good examples of studies on youth including their participation, knowledge and behavioural issues. An interesting study is the evaluation of the performance of UNICEF in the Islamic Republic of Iran from the viewpoints of its partners.

18. The overall quality of evaluations and studies remains a concern. A review of 50 reports suggests that about two fifths were of poor quality. A selection of studies and evaluations is summarized below.

Knowledge, attitudes and practices of parents regarding the needs and abilities of their disabled children, Islamic Republic of Iran

19. Child disability is a concern in many countries in the region and formative studies examining the problem in its entirety are rare. This study, carried out by the Ministry of Education, Special Education Organization and Research Institute for Exceptional Children in the Islamic Republic of Iran, with UNICEF support, aimed to identify the knowledge, attitudes and practices of the parents of mentally retarded, deaf, blind and physically handicapped children in the country.

20. The study sample included 2,000 parents who had children affected by one or more disabilities. The parents were chosen from seven randomly selected provinces from rural and urban areas. The questionnaire survey methodology used in the study covered two types of information:

(a) Such factors as place and type of residence, occupation, educational level, age, income, number of family members, number of disabled children in the family, and the age when the disability started;

(b) Parents' knowledge, attitudes and practices regarding the needs and abilities of their disabled children. The knowledge part included questions measuring the parents' knowledge about health and prevention, assessment and identification, rehabilitation, education and psychological needs. The attitude part included questions about parental attitudes towards affection, independence, child rights and integration. The practice part included questions on parental practices related to rehabilitation and education, and integration of their disabled children.

21. The study found that 66 per cent of the disabled children were classified as mentally retarded, followed by hearing impaired (23 per cent), visually impaired (5 per cent), having multiple disabilities (4 per cent) and physical disability (2 per cent). Based on a standardized score measure, parents of the mentally retarded children were found to have only 53 per cent of the desired knowledge about health, prevention, assessment, identification, rehabilitation, education and psychosocial needs of the children, followed by 60 per cent of parents of blind children, 71 per cent of parents of deaf children and 73 per cent of parents of physically handicapped children. The desired attitude was found among 65 per cent of parents of mentally retarded children, 67 per cent of parents of blind children, 73 per cent of parents of deaf children and 66 per cent of parents of physically handicapped children. And 55 per cent of the parents of mentally retarded children, 53 per cent of parents of blind children, 72 per cent of parents of deaf children and 16 per cent of parents of physically handicapped children had correct knowledge. The study also showed that income level, education and place of residence affected the extent of parents' knowledge, attitude and practice.

22. For strengthening programme interventions, the study recommended holding orientation workshops in provinces where the levels of knowledge, attitude and practices are particularly low; using audio-visual methods to impart knowledge and skills; integrating disability prevention and management into poverty reduction activities; promoting family planning; and supporting innovative ways for early identification and intervention of disabilities.

23. This well-conducted study is a valuable resource and baseline for developing policies and programmes to address disability among children in the Islamic

Republic of Iran, and its methodology and findings have considerable relevance for other countries in the region as well.

Rapid assessment of working children in the carpet industry in Fez, Morocco

24. Child labour in the carpet industry is a major concern in Morocco. Carpet factories are usually located in poor areas and there is evidence that children working in the factories tend to be physically and psychologically exploited. This study was commissioned by the UNICEF office through an independent private consulting firm to identify the situation of working children in the carpet industry in Fez. The study team consisted of a group of experts including a sociologist specialized in working children, a psychologist and an educator.

25. The study was based on a desk review, interviews with key informants, a questionnaire survey and field visits. It identified the location and characteristics of children working in the carpet industry, their schooling, the factors that pushed them to work and possible solutions, particularly concerning education. The study team visited 72 carpet factories. The key informants were apprentices, owners of the factories, families, institutions and NGOs, as well as 113 girls aged 5-18 years.

26. The study found that 2,162 children up to the age of 18 years were working in the factories visited, all of them girls, and 70 per cent of these girls had never attended school. Sixty of the girls who went to school had dropped out within one year. As their mothers worked in carpet factories, it was normal for them to take their daughters to their workplace. Regarding physical conditions of the working places, only 6 per cent of the factories were well ventilated, and 54 per cent ranked average or less and 35 per cent as poor. The lighting conditions were found to be of average quality in 72 per cent of factories but poor in 13 per cent. Seventy-nine per cent of the factories had toilets, but 72 per cent were in unhygienic condition. Ninety-two per cent had no first-aid kit. Fifty per cent of the children worked between 10 and 11 hours a day, and 71 per cent of them had only Sundays off. The wage rates depended on age and place, the average being between 20 and 30 dirhams ($2-$3) per month.

27. The study found that 63 per cent of the girls were subjected to physical and verbal violence, and 35 per cent of them had bruises. Eighty-seven per cent had constant health problems such as headaches and joint pains. To identify factors associated with child labour, the study examined the type and condition of housing where the working children lived and their parents' occupation, and found that 38 per cent of the families lived in illegal houses, 26 per cent lived in slums and 36 per cent had only one room. Sixty-three per cent of the fathers were wage workers and 12 per cent were unemployed. Fourteen per cent of the mothers were engaged in paid work. More than 80 per cent of their brothers worked. Eleven per cent of their brothers and sisters neither worked nor went to school.

28. The study suggested that sensitization of employers, families and children themselves was important for strengthening, preventing and eliminating child labour in Fez. It recommended that the value of education must be emphasized, particularly among parents, and the quality of education enhanced.

Magnitude and characteristics of working children in the Syrian Arab Republic — a report based on a national household survey

29. Child labour is a major problem in the Syrian Arab Republic, but the lack of systematic information has been a major constraint in addressing the problem. This study aimed to fill this gap by examining children's participation in the workforce based on data collected from the 2002 Syria Internal Migration Survey. The study was conducted in collaboration with the University of Damascus, the Central Bureau of Statistics and the Fafo Centre for Applied International Studies in Norway.

30. The survey was based on a multi-stage stratified sample from the 1994 population census and an updated household listing. It involved interviews with a total of 20,330 males and 15,854 females, over 15 years of age, from 20,409 households. The study examined the relationship between children's work and a number of factors, such as age, gender, education, economic status and place of residence.

31. The study found that about 18 per cent of children (620,000) aged 10-17 years were part of the labour force in the country. The rate of their participation in the labour force increased with age, from 3 per cent for ages 10-11 years, to 13 per cent for ages 12-14 years and 33 per cent for ages 15-17 years. The participation rate among boys was 2.5 times higher than that of girls.

32. A majority of the working children (65 per cent in the 10-14 year group) were employed in agriculture, predominantly girls (90 per cent in the same age group). Manufacturing, the service sector (trade, hotels and restaurants) and construction were the other major sectors. About one half of all employed children were working in family businesses, mostly in agriculture. On the average, children had the same working hours as the adults. Children aged 10-11 years worked 36 hours, those aged 12-14 years worked 46 hours and the 15-17 year-olds worked 47 hours per week.

33. The study also explored the linkage between education and child labour. The majority of child workers were not enrolled in the formal school system. Nearly one half of the children aged 10-17 years had left school or never had enrolled due to a lack of interest. An additional 8 per cent had quit school because of "repeated failure". Among the sample households, 15 per cent of men and 45 per cent of women older than 25 years were illiterate. The study confirmed that children's rates of participation in the labour force were considerably higher among less educated and poorer families.

34. The study concluded that child labour is a complex phenomenon resulting from socio-economic, geographical, gender and education factors, and policy makers must seriously consider the results of the study to plan and mobilize action. The study recommends further research, especially of a qualitative nature, on the causes and consequences of child labour. This well-conducted survey thus offers a solid base for strengthening policies and interventions to address child labour in the Syrian Arab Republic. Its findings are being disseminated widely for public awareness and towards advocacy for policy initiatives, and as an input towards the development of the National Plan of Action for Children.

Evaluation of the project "Protection of the girl child and eradication of malpractices", Egypt

35. UNICEF has been actively involved in advocacy, policy support and project interventions to address protection issues affecting girl children, especially the harmful practice of FGM in Egypt. This project, implemented from September 1999 to August 2001 in collaboration with the Ministry of Population and the Ministry of Social Affairs, aimed to create a cadre of reproductive health and family planning teams at the central, governorate and district levels to train health service providers. The evaluation was conducted to assess project outcomes including the performance, quality and accomplishments of the trainees. It also measured changes in trends among the project's target beneficiaries and made recommendations.

36. The evaluation was based on structured interviews, document review and focus group discussion with target categories. A total of 31 focus groups were organized with the target categories in the four governorates, comprising a total of 364 individuals (60 males and 304 females). Discussions were held with three main groups: (a) officials, trainers and physicians; (b) nurses, health workers and *dayas* (traditional birth attendants); (c) and mothers (52 women).

37. The evaluation found that the project had contributed largely to knowledge and awareness about FGM among the professionals. They were aware of the 1996 Health Ministry Decree on FGM emphasized by the training, and they also acknowledged that circumcision was a harmful act.

38. The physicians, nurses and health workers mentioned that the awareness-raising training had a role in preventing the overall prevalence of circumcision, but the custom was largely unchanged in the rural areas. All doctors and nurses interviewed said that they did not currently perform circumcision. However, they affirmed that some other doctors still practised circumcision, particularly in private clinics, as did a large number of *dayas*. The evaluation pointed out the need to reinforce training of physicians working in the rural areas who owned private clinics as well as *dayas*.

39. A majority of the physicians, health workers and nurses said "circumcision is necessary for a small percentage of girls" and "doctors examine the girls and decide whether circumcision is needed or not". This was due to the fact that media messages were not always standardized.

40. The evaluation recommended that the training should last three days (instead of two) and cover such topics as communication skills to convey common messages to different target groups. It suggested that professional ethics be emphasized in the medical school curriculum and that both physicians' and nurses associations' issue a declaration forbidding the practice, and impose penalties on doctors who practised circumcision. These recommendations are being considered for further strengthening efforts against FGM.

Evaluation of the UNICEF programme for Palestinians in refugee camps in Lebanon, 2001-2002

41. Palestinian refugees in Lebanon lack access to government services and therefore rely entirely on the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), UNICEF and philanthropic associations for health care, schooling and other basic services. Due to the lack of an official

government counterpart, activities carried out in the camps depend heavily on Palestinian civil society organizations for programme implementation. In view of this situation, the programme was designed with a heavy focus on institutional strengthening and local capacity-building.

42. This evaluation, conducted by the Palestinian Central Bureau of Statistics, attempted to determine the worth and significance of the programme's strategies and interventions. It focused on specific questions related to the effectiveness and impact of the programme. The sample included 3,000 refugees living in the Lebanese camps. The methods included a desk review, interviews, field visits and observation. Despite the lack of qualitative programme monitoring information, and delay in data collection due to the security situation in the camp (noted in the report), the evaluation provides in-depth analysis of the programme and suggests future interventions.

43. The evaluation found that integration of the four interlinked projects (health and environment, education, protection and development, women) was one of the key achievements of the programme. It also noted a highly effective relationship between UNICEF and Palestinian refugee associations and committees. UNICEF coordination and collaboration with other United Nations and international agencies, particularly UNRWA, and local NGOs have resulted in avoiding overlap of activities. Regular monitoring of progress was considered efficient as UNICEF and its counterparts maintain quantitative data in the routine reporting system. However, stronger collaboration with UNRWA schools is recommended to improve the quality of education.

44. The evaluation concluded that training, promotion of awareness and community participation all had a positive impact on capacity-building of communities and provided opportunities for self-development to the refugees. For instance, 80 per cent of women interviewed stated that their newly acquired, health-related knowledge had contributed to protecting their own and their children's health.

45. The evaluation noted that products from too many income-generating activities had saturated the markets in the camps. To improve the situation, it is important for microcredit committee members to make extensive feasibility studies on such activities. The evaluation suggests stopping support for the Shatila Popular Committee until all UNICEF-supported microcredit funds have been collected and returned.

46. The study also highlighted the importance of quarterly meetings between programme partners to review and learn from both strengths and weaknesses. It recommended that in addition to the existing monitoring system, at the project design stage, project partners should be trained and supported to set up clear and simple systems for measuring the impact and effectiveness of projects.

HIV/AIDS situation analysis: behavioural and epidemiological surveys and response analysis, Sudan

47. The Sudan National AIDS Control Program prepared a strategic plan for the period 2002-2007, but the information base about HIV/AIDS prevalence and people's knowledge, attitudes and behaviour was found to be insufficient for designing concrete interventions. This study was conducted to assess the magnitude

of HIV/AIDS in the country and to provide information on the knowledge, practices and behaviour of individuals in different sectors. The study also examined the commitment of various ministries, national and international organizations and NGOs and whether they have specific plans, policies and activities addressing HIV/AIDS. The study was conducted by the Ministry of Health.

48. Using a stratified sampling method, a sample of 6,500 people was selected from 11 states in the north and three in the south. The sample included truck drivers, prisoners, tea sellers, military servicemen, displaced people and tuberculosis patients. Such high-risk groups as prostitutes, street children and refugees were also interviewed. Secondary data came from donated blood screened for HIV. A questionnaire survey was carried out with structured, close-ended questions. Focus group discussions were also carried out in order to generate behavioural information. For response analysis, meetings were held with federal and state ministries, NGOs and civil society members.

49. The study found that 79 per cent of the respondents had heard about HIV/AIDS. The main information sources were radio (40 per cent), television (34 per cent) and health workers (14 per cent). Fewer than 25 per cent knew the symptoms of AIDS and only 20 per cent recognized the HIV virus as the cause of AIDS. Fewer than 10 per cent mentioned use of condoms as a means of prevention. Nearly 25 per cent believed that eating with HIV/AIDS patients could cause transmission. More than one third believed that HIV-infected teachers or children should not go to school. More than two thirds (including 67 per cent of the refugees) had never heard about or seen a condom. A total of 7,385 blood samples were tested, of which 118 were positive. The overall prevalence rate was 1.6 per cent, the highest rate being among the prostitutes (4.4 per cent), followed by the refugees (4.3 per cent).

50. The current HIV/AIDS-related activities in the country are fragmented and this study revealed that despite strong commitment expressed by the decision makers, there were no strategic federal or state government plans for controlling HIV/AIDS, and none by NGOs and other civil society organizations.

51. The study concluded that according to the WHO definition, the country has an intermediate HIV/AIDS prevalence rate. It recommended that because people's awareness of HIV/AIDS is low, raising awareness, including information about modes of transmission and consequences, must be addressed through media and health education providers. This activity should be directed to high-risk groups in particular, and alternative job opportunities need to be created for them. A systematic and well-planned information dissemination and advocacy campaign should target all segments of the community. All efforts should be made in order to mitigate the social stigma associated with HIV/AIDS. Decentralization of HIV/AIDS-related interventions should be encouraged. Local capacity should be built at state level to reinforce planning, implementation, monitoring and evaluation. Risky sexual behaviour among youth should be discouraged. Screening of all donated blood should be made mandatory in all government and private hospitals before transfusion.

52. The findings and the recommendations of the study are being used to strengthen further Sudan's national strategic plan to prevent and control HIV/AIDS.

Perceptions, attitudes and beliefs towards nutrition of children under five years of age and predisposing causes of protein-energy malnutrition, Oman

53. The Oman Ministry of Health is known for its many successful public health programmes, including targeting of vulnerable and high-risk groups. However, despite all these efforts and the availability of resources, recent data indicate a relatively high prevalence of protein-energy malnutrition (PEM) (18 per cent as measured by weight-for-age), with a much higher prevalence among children younger than two years of age.

54. UNICEF and the Ministry of Health commissioned a qualitative study in four different regions in Oman (Muscat, North Sharqiyah, Dakhliyah and Dhofar) to gather qualitative information about different factors that affect infant feeding and illnesses leading to PEM. The main method was focus group discussions. The study sample included 80 mothers, 38 caregivers, 58 community support groups, 25 physicians, 31 health providers, 16 NGO representatives and 9 media representatives, in addition to interviews with officials in the Ministry of Health.

55. The study reported that some successes were seen in early initiation of breastfeeding and continuation up to two years of age. However, the practice of exclusive breastfeeding up to four months was not successful, since a majority of the infants were given water and the practice of *tahneek* (using dates or butter or honey after delivery) was widespread. The study showed that lack of nutritional awareness among mothers affects the variety, quality and adequacy of complementary foods given to children.

56. The study also found that multiple pregnancies and inadequate birth spacing are important factors affecting the health status of mothers. The study reported that the birth-spacing campaign faced several obstacles, including rumours about allegedly harmful effects of various spacing methods. For example, people believe that birth control pills lead to overweight and obesity. There is also the strong belief, especially among males, that birth spacing is *Haram*, or forbidden by Islam. This belief is strongly supported by some religious leaders. The study revealed that health workers and volunteers are also not convinced of the importance and methods of birth spacing.

57. The study concluded that it would be very difficult for the Ministry of Health alone to combat PEM since it is not just a health problem. All sectors (education, social development and communication media) have an important role. The study in particular recommends tackling the problem through social marketing, which should include advocacy meetings with decision makers and dissemination of educational materials. The involvement of religious leaders is also recommended to bring change, particularly to improve birth spacing. The results of the study are proving to be valuable, particularly in developing a communication strategy to prevent PEM among children under five years of age.

Evaluation of UNICEF performance from the viewpoints of its partners, Islamic Republic of Iran

58. This study, commissioned by UNICEF, was an interesting and useful attempt to assess the overall performance of the organization in the Islamic Republic of Iran. It was conducted by an independent private consulting firm.

59. The study was based on a questionnaire survey with open-ended questions. A total of 120 individuals were contacted, of whom 76 were successfully interviewed. The respondents were sampled from the Ministry of Health, the Ministry of Education, the Welfare Organization Department (government), other governmental organizations, NGOs and international organizations. The questions covered the nature and type of collaboration, the degree of awareness regarding UNICEF programme goals, positive and negative experiences in working with UNICEF, and strong and weak points in the collaboration. The respondents were also asked whether they were satisfied with UNICEF staff and programme information and communication activities, and whether they would like to continue to collaborate with the organization. Despite some limitations, including a low response rate, the evaluation provided interesting insights as to the attitudes of partners towards UNICEF.

60. Over 80 per cent of the respondents from government ministries, universities and NGOs were well aware of UNICEF programme goals and activities in their respective areas of work. A majority mentioned as strong points of the collaboration the fact that UNICEF professional staff attached significant importance to scientific facts in project design and implementation; were friendly and pursuant; and shared and introduced good examples from other countries. The discipline governing UNICEF, trust of the project managers and wise use of opportunities were mentioned as additional positive aspects. One of the strongest comments came from the Nutrition Improvization Office that "the projects would be impossible to implement if UNICEF did not cooperate in their implementation."

61. The negative observations included comments on the complicated bureaucracy governing the UNICEF administrative structure; problems arising owing to differences between the UNICEF financial system and that of the Government; a lack of continuity in a specific project (for example, slowing down of support for the health sector); the low level of funding; and lack of due attention to the local culture. A majority of the respondents from NGOs suggested that UNICEF activities placed excessive emphasis on governmental organizations, with small amounts of resources allocated to NGOs.

62. The majority of the respondents said they were satisfied with the performance of UNICEF in the country and expressed interest in continuing the collaboration. A few respondents declared that UNICEF was capable of doing more than its current performance indicated. Many respondents felt that UNICEF information and communication services were insufficient. The recommendations included improving and expanding information and communication services to raise public awareness about the work of UNICEF; briefing law and policy makers on that work; supporting legal reform strategies; focusing more work on child abuse and socially handicapped children; making projects and programmes responsive to the real needs of the country; supporting the transfer of expertise from other countries; using national experts; keeping away from political influence; improving relations with and funding to NGOs; maintaining good relations, especially at the provincial level; and focusing more on deprived regions by working with local NGOs.

63. While its findings and recommendations will be valuable in further strengthening UNICEF cooperation in the Islamic Republic of Iran, this study also signalled the need to develop methods for similar attitudinal surveys that aim to assess the performance of UNICEF in the country or elsewhere.

The evaluation of nomadic education project in Kordofan states, Sudan

64. Since 1993, UNICEF has supported a nomadic education project in the Kordofan states of the Sudan. The project has demonstrated success but many challenges remain. For example, the school enrolment rate of nomadic children has increased considerably but the concomitant increase in the drop-out rates among girls has hindered efforts to close the disparity gap.

65. This evaluation was conducted to assess the impact of educational policies and administration on the education of nomadic children; assess the availability of educational inputs as well as the quality of the educational process; and explore the motivation of the nomadic pupils and future prospects for furthering their education.

66. The evaluation was based on a desk review, questionnaire survey and field observation. The sample was based on 202 pupils (121 males and 81 females) from 21 schools, which were randomly chosen out of the 178 nomadic schools. Questionnaire interviews were also conducted with teachers and parents.

67. The evaluation found that the total number of pupils enrolled in schools increased from 2,167 in 1996 to 20,163 in 2001. However, 13 per cent of boys and 18 per cent of girls dropped out, the boys primarily to work and the girls because of early marriage, the long distances from school, domestic work and tradition. School facilities were found to be poor. The majority of the children sat on the floor, and drinking water and latrine facilities were inadequate. The pupils' favourite subject was religion, and science and mathematics were not well received. This was attributed to poor teaching quality. All parents agreed that their sons should continue their education beyond grade 4, but 3 per cent of the parents did not agree that their daughters should continue beyond that level.

68. The evaluation concluded that physical conditions in the schools must be improved. Seats must be improved by using local materials. Textbooks must be provided to all teachers and children, and all teachers must have teachers' guides. It was suggested that school meals be provided to increase attendance and educational achievements. State legislation should make nomads' education compulsory. Federal legislation should prohibit early marriage among girls. The evaluation recommended that teachers should be recruited from nomadic communities and their training should cover subjects which are relevant to nomadic life such as animal health and first aid. Another recommendation was that the national curriculum must address the nomadic communities' needs.

69. The findings and recommendations of the evaluation will be valuable for planning interventions to reduce gender disparities and improving the quality of education among the difficult-to-reach populations in the country.

Jordanian youth: their lives and views

70. This study was based on a survey which aimed to provide the necessary data and information to fulfil the World Programme of Action for Youth. The study was a collaborative effort between UNICEF and the Jordanian Department of Statistics.

71. The study drew for the first time a comprehensive and nationally representative picture of the situation of Jordanian youth, aged 10-24 years, in nearly all areas of their life. It covered issues ranging from education, employment, health, leisure time, freedom of movement and access to information to social

relationships, participation, self-perception, general attitude and legal awareness. It also included parents' attitudes to young people's health and intergenerational relationship issues. The survey was based on questionnaire interviews of a total of 3,635 young males and 3,786 females, as well as 1,505 fathers and 1,807 mothers.

72. The survey found that 85 per cent of males and 82 per cent females consider education to be an important asset and 86 per cent of them are generally satisfied with their academic achievements, the relevance of what they learn and their social relationships. Regarding employment, 35 per cent of young males work but only 4 per cent of females do so. Seventeen per cent of all females and 25 per cent of all males could not point out the three most important changes that happen to the opposite sex during puberty. The study found that reproductive health knowledge of Jordanian youth is still marked by considerable ignorance. Only 26 per cent of all males and 12 per cent of all females participate in such civil society organizations as student councils, professional associations and political parties.

73. The study found that the quality of education needs improvement through curriculum reform to strengthen information technology subjects. Education needs to be tailored more to the requirements of the job market, and more opportunities must be provided, particularly for female students. Health-awareness campaigns are essential among young Jordanians of all ages, with a focus on appropriate health maintenance, health risk prevention and reproductive and family health. A greater degree of youth participation must be encouraged in decision-making at home, in schools, college and universities, at work and in local communities. To achieve this, a "mode of good practice" must be created and shared among communities and the education system. A critical discourse should be created in Jordanian society on attitudes and perceptions that reinforce inequalities and unequal opportunities between genders and age groups.

74. The study provides decision makers and the academic community with information that will guide policies and programmes and further in-depth analysis of issues that affect youth in Jordan and other countries in the region.